

This booklet is part of a national project. Project Re-engineering Discharge (RED) is designed to improve safety and reduce re-hospitalization rates.



**HOW TO SCAN:**  
Open your camera app and point the rear-facing camera at the code.  
Click the notification that pops up to follow the link.

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South Texas  
**SPINE & SURGICAL**  
Hospital

*proudly owned & operated by physicians*

# A Guide to Your Stay

**We are here to help  
you heal...and to  
keep you safe.**

This is an outline of what you can expect each day during your hospital stay. It is a general guide and may change to meet your needs. Your doctor and nurse are happy to discuss your questions and concerns. Please feel free to ask. Taking an active role in your care is a key ingredient to a successful surgery.

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Due to COVID - 19 and any unforeseen infectious outbreaks in the community, adjustments to the visitation may be affected.

Protect yourself and others from the spread of illness:

- ◆ Wash your hands
- ◆ Keep the environment clean
- ◆ Avoid visits from anyone who is ill
- ◆ Practice social distancing
- ◆ Wear as mask that covers your nose and mask, when appropriate

# Important Numbers

Your Physician's  
Office

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Hospital Number for Nursing		210-507-4100
Dietary		Use call button
Housekeeping		Use call button
Pharmacy		Use call button
Pre-Admission Testing		210-253-6724
Orthopedic Navigator	Erica Roach, RN	210-253-6727
Case Manager	Deborah Sharp, RN	210-253-6730
Case Management	Kim Adams, RN	210-253-6725
Dir of Inpatient	Brittnay Diminture, RN	210-507-4134
Chief Nursing Officer	Denise Krajewski, RN	210-507-4093

## NOTE:

Case Manager is available for Pre-Op questions, concerns, and discharge planning.

## Symptoms to Watch at Home

Please call your physician if you have any of the following:

- ◆ Temperature greater than 100.5°
- ◆ Increased redness or swelling from wound
- ◆ Increased bleeding or drainage from wound
- ◆ Decreased movement or sensation
- ◆ If you have questions, please call a nurse at 210-507-4100

## Your Responsibilities In Managing Your Health

To better manage your health at home:

- ◆ Follow your discharge instructions
- ◆ Keep your next appointment with your surgeon
- ◆ Eat a well-balanced diet
- ◆ Drink lots of fluids to avoid constipation
- ◆ If you have a CPAP or BiPAP machine, wear it whenever you lie down
- ◆ Use a stool softener as directed to prevent constipation which occurs easily when taking narcotics/pain medications

## Preparing For Your Hospital Stay

**What to bring:**

- Back or neck brace as directed
- Walker or cane if you use one at home
- X-rays, MRI or CT as directed by physician
- Glasses and/or hearing aids, if needed
- Contact lense solution/case
- CPAP or BiPAP machine with mask
- Medications that the nurse asks you to bring
- Inhalers if used
- Eyedrops if used
- Your insurance card
- Your driver's license or picture ID
- Emergency contact information

**Optional items for your comfort:**

- Personal hygiene items
- Comfortable, loose fitting clothing
- Slippers (we provide non-skid socks)

**What to leave at home:**

- Jewelry
- Large amounts of money
- Other personal valuables
- Prescribed pain medications

**Discharge Plan : (After Hospital Stay)**

- Do I have care at home?
- What kind of Therapy will I need?
- Do I have help getting to and making my appointments, including Physical Therapy?
- Do I have someone to drive me home?

## Clinical Pathway Morning of Surgery

What to do	<input type="checkbox"/> No food or drink except a sip of water with medications approved by your Surgeon <input type="checkbox"/> Do not take diabetic medications <input type="checkbox"/> Please take your blood pressure medication per your normal routine <input type="checkbox"/> Check in with the Front Desk to Register
Activity	<input type="checkbox"/> Please call for assistance if you need help <input type="checkbox"/> ALWAYS wait for assistance to walk or get up Falls are serious and we try to prevent them
Education	<input type="checkbox"/> A nurse will review this booklet (clinical pathway) with you <input type="checkbox"/> Nurse will instruct you on the Infection Prevention techniques used by the hospital
Tests and Procedures	<input type="checkbox"/> An intravenous (IV) line will be placed <input type="checkbox"/> Routine blood or urine tests may be needed prior to surgery <input type="checkbox"/> Routine fingerstick blood sugar checks if diabetic <input type="checkbox"/> X-rays and EKG may be done per your physician's instructions
Comfort	<input type="checkbox"/> Our goal is to keep your pain well-controlled

Forgot something? Please ask.  
 We have common items like toothpaste,  
 combs, chapstick, razors, etc.

These are some additional medications that you may be taking at home, depending on your medical history.

### Examples: Brand (Generic)

Lovenox (enoxaprin), fragmin (dalteparin), heparin, coumadin (warfarin), aspirin, plavix (clopidogrel), xarelto (rivaroxaban), eliquis (apixaban)

Lipitor (atorvastatin), mevacor (lovastatin), pravachol (pravastatin), crestor (rosuvastatin), zocor (simvastatin), crestor (rosuvastatin)

Pacerone/cordarone (amiodarone), digitek or digitalis (digoxin)

Lotensin (benzapril), capoten (captopril), vasotec (enalapril), zestril (lisinopril), accupril (quinapril), altace (ramipril), avapro (irbesartan), benicar (olmesartan), diovan (valsartan), cozaar (losarten)

Tenormin (atenolol), coreg (carvedilol), lopressor or toprol XL (metoprolol), cardizem/cartia XT/tiazac/dilacor XR (diltiazem)

It is critical that you **DO NOT TAKE** any  
 medications from home while here. Many of those  
 medications may not mix well with what is  
 prescribed here. While in the hospital you are to  
 only take the medications we provide.

Side Effects Of Other Medications	
Purpose	Common Side Effects
Blood thinner to stop or break up clots	Risk of bleeding, upset stomach
Lowers cholesterol	Headache, muscle pain, stomach upset
Heart rhythm problems	Dizziness, headache
Lowers blood pressure	Dizziness (especially on standing), cough
Lowers blood pressure and heart rate	Headache, dizziness/drowsiness

Our hospital does not charge separately for medication, so we will use our stock medications as much as possible at **NO COST** to you.

However, we may ask you to bring medications that we do not routinely stock or medications that need nursing/pharmacy review.

Clinical Pathway Day of Surgery—After Procedure	
What to do	<input type="checkbox"/> Start with clear liquids, if you tolerate this you may be advanced to a regular diet. <input type="checkbox"/> Use your call light before you get up, even if you do not need help; Get assistance <input type="checkbox"/> Physical Therapy may come to evaluate you
Activity	<input type="checkbox"/> You may have compression devices on your legs or feet to prevent blood clots <input type="checkbox"/> We will encourage you to walk as soon as possible to prevent pneumonia and blood clots <input type="checkbox"/> On occasion, your surgeon may order bed rest; a nurse will let you know
Education	<input type="checkbox"/> A nurse / nursing assistant will orient you to the bed controls and call light <input type="checkbox"/> Use incentive spirometer (IS) 10 times/hour while awake to prevent pneumonia; (Tip: use at each commercial break )
Tests and Procedures	<input type="checkbox"/> A tube (catheter) may be in your bladder to drain urine <input type="checkbox"/> A drain from the surgery site may be in place to remove fluid <input type="checkbox"/> A device may be on your finger to monitor your oxygen level <input type="checkbox"/> Your surgeon may order other items such as a brace, CPM (knee machine) or special pillows <input type="checkbox"/> Routine blood tests or fingersticks
Comfort	<input type="checkbox"/> Manage your pain by notifying the nurse of discomfort and communicating about medications. <input type="checkbox"/> Cooling pad or ice packs
Case Management	<input type="checkbox"/> Do I need equipment? (DME: Walker) <input type="checkbox"/> Will I go home? <input type="checkbox"/> If I am not progressing with Physical Therapy, where will I go?

## Clinical Pathway Post-Operative Day One

<b>What to do</b>	<input type="checkbox"/> Increase oral fluid intake and advance diet <input type="checkbox"/> Use IS 10 times/hour while awake <input type="checkbox"/> Use your call light before you get up; Get assistance <input type="checkbox"/> Sit in a chair for meals <input type="checkbox"/> Walk with Physical Therapy
<b>Activity</b>	<input type="checkbox"/> Sit in chair 3 times/day, 30-45 min per session <input type="checkbox"/> Walk short distances 2 times a day <input type="checkbox"/> Use compression devices when in bed
<b>Education</b>	<input type="checkbox"/> A nurse will review your booklet and update your information board <input type="checkbox"/> A nurse will review medications with you and your family <input type="checkbox"/> A nurse will discuss surgical incision care as recommended by your doctor <input type="checkbox"/> The team will begin discussing your discharge plan
<b>Tests and Procedures</b>	<input type="checkbox"/> Your surgery drain will remain until the drainage decreases <input type="checkbox"/> Your IV fluids may be removed <input type="checkbox"/> Your IV catheter will remain until you leave <input type="checkbox"/> Routine blood tests or fingersticks
<b>Comfort</b>	<input type="checkbox"/> IV pain medications or injections will start being changed to oral medication <input type="checkbox"/> Cooling pad or ice packs <input type="checkbox"/> Frequent position changes help significantly to decrease pain and muscle spasms

The following list includes the most common medications that may be new to patients after surgery. If you have questions about other medications, please ask your nurse. Our pharmacist would be happy to review your medications with you. Simply ask your nurse.

### Examples: Brand (Generic)

Norco, lortab, vicodin (hydrocodone/acetaminophen), oxycontin (oxycodone), morphine, fentanyl, Demerol (meperidine), dilaudid (hydromorphone), nucynta (tapentadol), ultram (tramadol), Percocet (oxycodone/acetaminophen).

Celebrex (celecoxib), decadron (dexamithasone), cortef (hydrocortisone), motrin (ibuprofen), mobic (meloxicam), toradol (ketorolac), prednisone

Robaxin (methocarbamol), soma (carisoprodol), skelaxin (metaxalone), neurontin (gabapentin), flexeril (cyclobenzaprine), lyrica (pregabalin)

Valium (diazepam), ativan (lorazepam), versed (midazolam), xanax (alprazolam), ambien (zolpidem), restoril (temazepam)

Ancef (cefazolin), keflex (cephalexin), cleocin (clindamycin), vancocin (vancomycin), levaquin (levofloxacin), rocephin (ceftriaxone), maxipime (cefepime)

Zofran (ondansetron), phenergan (promethazine), transderm scop (scopolamine patch)

Nexium (esomeprazole), pepcid (famotidine), prevacid (lansoprazole), prilosec (omeprazole), protonix (pantoprazole)

Benadryl (diphenhydramine)

Cepacol lozenges, chloraseptic lozenges

Colace (docusate), milk of magnesia, miralax, dulcolax (bisacodyl)

Trinsicon (iron/vit C/vit B), chromagen, feosol (iron sulfate)

## New Medication Side Effects

Purpose	Common Side Effects
Narcotic pain relief	Dizziness, drowsiness, constipation, upset stomach, rash, confusion
Anti-inflammatory	Upset stomach, headache, sleeplessness (decadron and prednisone only)
Muscle spasm or decreases nerve pain	Drowsiness, dry mouth, dizziness, upset stomach, nausea, vomiting
Calms nerves or makes you sleepy	Dizziness, headache, unsteady walking, dry mouth or throat
Antibiotics	Loss of appetite, stomach cramps, headache, dizziness, flushing, and diarrhea.
Nausea / vomiting	Headache, constipation, drowsiness
Heartburn or reflux	Headache, diarrhea
Allergic symptoms	Dry mouth, drowsiness, dizziness
Sore throat	Numbness of mouth or throat
Constipation	Diarrhea, nausea, stomach cramps
Iron supplement	Constipation, dark stool, upset stomach

## Clinical Pathway Post-Operative Day Two

<b>What to do</b>	<input type="checkbox"/> You may start to eat a regular diet <input type="checkbox"/> Use IS (blowing machine) 10 times/hour while awake <input type="checkbox"/> Sit in a chair <input type="checkbox"/> Walk
<b>Activity</b>	<input type="checkbox"/> Sit in a chair 4 times a day <input type="checkbox"/> Walk in the hall 3 times a day <input type="checkbox"/> Use compression devices when not walking to prevent blood clots (if applicable)
<b>Education</b>	<input type="checkbox"/> You and your family will be educated on medications <input type="checkbox"/> A nurse will review your folder and update your information board <input type="checkbox"/> The team will continue discussing your discharge plan with you <input type="checkbox"/> Follow up with Case Management if needed <input type="checkbox"/> We may use fall alarms to prevent a fall to the floor
<b>Tests and Procedures</b>	<input type="checkbox"/> Your surgery drain will be removed when drainage is minimal <input type="checkbox"/> Your IV will remain in until you leave <input type="checkbox"/> Routine blood tests or fingersticks
<b>Comfort</b>	<input type="checkbox"/> Oral pain medication <input type="checkbox"/> Cooling pad or ice packs <input type="checkbox"/> Frequent position changes
<b>Case Management</b>	<input type="checkbox"/> Do I need equipment? (Walker) <input type="checkbox"/> Will I go home?

## Safety Is Our Top Priority

We take safety seriously. Although you may feel like you are answering the same questions repeatedly, this has been shown to improve safety as the entire healthcare team has verified the same information.

### CHECKING YOUR ARMBAND

As an added precaution to ensure that we are performing the right treatment, test or administering medication, we will be checking or scanning your armband. We use 2 ways to identify you so we will ask your name and date of birth frequently.

### PREVENTING INFECTION

Hand washing or using an alcohol based hand sanitizer is the single most important act to prevent the spread of infection. Keeping our hospital environment clean is another important part of preventing the spread of germs that can cause healthcare- acquired infections. Monitoring antibiotic use and limiting the overuse of these medications, can help reduce the risk of bacteria becoming resistant to antibiotics or becoming “super bugs.”

### CONFIRMING YOUR PROCEDURE

We will ask you to be involved in this by identifying your procedure and confirming the site that your surgeon marks.

### PREVENTING BLOOD CLOTS

To prevent serious complications from blood clots, we will assess your history and risk factors. Please tell your healthcare team of any previous blood clots or medications you might take to thin your blood.

**FALL PREVENTION** The most common time falls occur are when trying to get to and from the bathroom. While here you MUST ask for assistance, even if you “graduate” from physical therapy, it is crucial that you continue to get assistance to and from the bathroom while here – due to the effects of anesthesia and being a little disoriented to a different place.

## Home Discharge Criteria

You can be discharged home when:

- Your vital signs (blood pressure, heart rate, etc.) are stable
- You can walk safely and transfer with minimal assistance
- You are eating and drinking enough
- Your pain is controlled on oral pain medication  
Functional Pain Goal \_\_\_\_\_
- You and/or your family understand your medications
- Your drain and/or wound care can be performed at home by you, your family or a visiting nurse
- You and/or your family understand the signs and symptoms of infection
- You are urinating without a catheter
- You have a family member or friend to take you home

## Questions to Ask Before You Leave the Hospital

1. Is my pain under control? Do I feel well enough to go home?
2. Do I have new medications and what are their side effects? Make sure you fully understand your medications.
3. How do I take care of my wound? It is important to know how to care for any dressings and not to touch dressings to prevent infection
4. What are the signs and symptoms of infection?
5. Is there someone to drive me home?
6. What activity am I allowed to do when I leave the hospital (walking, driving, bathing)?
7. Am I comfortable knowing how to use the equipment (walker, brace, crutches, wheelchair, etc.)?
8. Do I have the help I need at home after surgery?
9. Has my doctor addressed any concerns regarding my care?

## What You Can Do To Prevent Infection

- ◆ Washing your hands for at least 20 seconds with soap and water or using an alcohol based hand sanitizer before and after eating, using the restroom, touching pets or caring for your surgical incision.
- ◆ Quit smoking: Smoking increases the risk of infection after surgery
- ◆ Follow your doctor's instructions regarding wound care (example: keeping the wound clean and dry)
- ◆ Keep pets away from your surgical wound while it is healing
- ◆ Report any redness, increased pain around the surgery area, drainage of cloudy fluid from your wound, or fever greater than 100.5°F
- ◆ If you are prescribed antibiotics, take the medication only as instructed. Do not save antibiotics to use at a later time. Only antibiotics that have been prescribed by your healthcare provider for you should be taken.

## Preventing Constipation

Pain medications, certain types of anesthesia and decreased activity can lead to painful constipation.

Here are some prevention methods:

- ◆ Drink plenty of fluids
- ◆ Change position frequently
- ◆ Get out of bed and walking as soon as possible
- ◆ Stool softeners or laxatives may be given

# Keeping Pain Under Control

We care about your pain and need your help...

## SET REALISTIC EXPECTATIONS

We will help you to set a Functional Pain Goal that allows you to be functional while preventing unwelcome side effects. Immediately after surgery, a pain goal of 0 is unrealistic. During the nursing health history, we will ask you questions to help reach a tolerable and realistic expectation.

## ASSIST US IN RATING YOUR PAIN

A nurse will ask you to rate your pain on a scale from 0 to 10

0	1	2	3	4	5	6	7	8	9	10
No pain	Mild pain		Moderate pain			Severe pain		Worst pain		
Nada de dolor	Poco dolor		Dolor moderado			Mucho dolor		Peor dolor		

### Pain Management is OUR Goal! El Control Del Dolor Es Nuestra Meta.



## BALANCING PAIN WITH SAFETY

Too little pain medication makes it difficult to get out of bed. Too much could increase risk of falls or trouble breathing. The nursing staff will do everything they can to keep your pain in balance.

## NO HERO ZONE

Ask for pain relief before it becomes uncomfortable. It is easier to control if we catch it early and you will find it easier to get out of bed and walk with the medications. **Remember... no heroes!**

# Will you have the HELP YOU NEED at home?

## Things to consider:

- ◆ Am I home alone or with limited support?
- ◆ Who will do the housekeeping?
- ◆ Who will take care of children or pets?
- ◆ How will meals be prepared?
- ◆ How will I get groceries?
- ◆ How will I get to my doctor's appointment?
- ◆ Are there stairs at home that may be difficult?

## Your care team includes the following:

- ◆ Your physician
- ◆ Nurses
- ◆ Physical Therapists
- ◆ Our Case Manager
- ◆ Orthopedic Navigator for Total Joint Replacements (Hip and Knee)

This team will be working with you and your insurance company to get you what you need at home.